

GAO Finds that NIH Studies Include Women But Don't Always Analyze By Sex

The US General Accounting Office (GAO) looked at NIH's progress in conducting research on women's health and found that "NIH has made substantial progress in ensuring that women are included in studies but less progress in encouraging analysis by sex."

The authors of a GAO report looked at the published literature and concluded that not all analyses of data by sex are reported. They write, "NIH officials told us that when an analysis reveals no difference in outcome, journals publishing

the analysis may omit this information because editors often discourage researchers from including 'no news' information in their results."

Highlights of the report include the finding that more than half of the participants in NIH-funded clinical research studies in fiscal year 1997 were women. This was true even when studies with female-only or male-only protocols were removed from the analysis.

Aggregate enrollment data for all extramural research protocols funded in fiscal year 1997 show that 61.9% of the study subjects were women and 37.1% were men. Members of



minority groups were also found to be well represented.

Women's Health: NIH Has Increased Its Efforts to Include Women in Research (GAO/HEHS-00-96) can be downloaded from www.gao.gov/daybook/000518.htm. ■



UNICEF Says Domestic Violence Against Women and Girls Still a Global Epidemic

Many women are killed, and some in abusive situations kill themselves. An estimated 60 million women and girls have been victims of their own families, killed deliberately or through neglect simply because they are female.

The report finds that domestic violence continues to cut across cultures, class, education and income levels, ethnicity, and age in every country.

The UNICEF report, prepared in advance of the Beijing + 5 Review Meeting held in New York in June 2000, proposes a strategy for addressing the causes of violence against women while providing immediate services to victims. The strategy calls for involvement of many sections of civil society, including community and religious leaders,

as well as boosting women and girls' "security" through legal literacy, education, and employment opportunities. The report also cites the importance of legal reform and an end to impunity for perpetrators.

Domestic Violence Against Women and Girls catalogues forms of violence, from sex-selection abortions, to beatings and other more "visible" forms of violence such as acid throwing and honor killings, to forced malnutrition, lack of access to medical care and school, forced prostitution, and bonded labor. The report notes the relationship between violence against women and the spread of HIV/AIDS and highlights the link between the increasing availability of weapons and domestic violence.

For more information, see www.unicef.org/vaw/. ■

Five years after participants at the Beijing Conference on Women called for global action to end violence against women, the United Nations Children's Fund (UNICEF) has concluded that not enough progress has been made in addressing domestic violence. A UNICEF study shows that domestic violence is widespread globally, taking a toll on the physical and emotional health of women and children, threatening their financial security, and undermining their self-esteem.

Mercury Report Released

While the US Environmental Protection Agency's methylmercury reference dose is justifiable based on the latest scientific evidence, each year approximately 60,000 children may be born in the US with neurological problems that could lead to poor school performance because of exposure to methylmercury in utero, says a report from the National Research Council. Congress requested the Council to review the scientific basis for setting exposure limits for methylmercury.

"Although we believe EPA's guideline on methylmercury is generally adequate to protect most people, more must be done to gain a better understanding of various risk factors for the US population," said Robert A. Goyer, chair of the committee that wrote the report and Professor Emeritus at the University of Western Ontario.

The committee found that neurodevelopmental problems are the most appropriate basis for setting an exposure limit. According to the committee, strong scientific evidence from human and animal studies links certain levels of methylmercury exposure and neurological problems. However, researchers still need to understand if there is a precise time during development when the brain is most sensitive to methylmercury.

Scientists do not agree on how to account for some uncertainties, such as varying individual responses to methylmercury exposure; better data are needed to decrease these uncertainties, the report says. For example,

further investigation is needed on low-dose exposure to methylmercury throughout the life spans of humans and animals, and on carcinogenic, neurologic, reproductive, and immunologic effects, including the emergence of delayed neurological effects later in life.

In the US, responsibility for regulating mercury is shared by two federal agencies: the EPA and the Food and Drug Administration (FDA). The FDA is charged with regulating commercially sold fish and seafood. The EPA monitors concentrations in the environment and regulates industrial releases of mercury to surface water and air.

The EPA's reference dose is an estimate of the amount of methylmercury to which an individual can be exposed on a daily basis without adverse health consequences. The reference dose is used to guide regu-

latory policies ranging from fish consumption advisories to air emission permits.

To reach its conclusions, the committee evaluated the data on which the risk assessments conducted by the EPA and other regulatory agencies have been based, reviewed new findings that have emerged since the EPA defined its current reference dose in 1995, and met with researchers of major ongoing population studies.

Copies of Toxicological Effects of Methylmercury are available from the National Academy Press (tel. 202-334-3313 or 800-624-6242) for \$54.00 plus shipping charges of \$4.50 for the first copy and \$0.95 for each additional copy. The full text of the report is on the Web at <http://books.nap.edu/books/0309071402/html/10.html>. ■

Disparities in Women's Heart Disease Mortality

Women and Heart Disease: An Atlas of Racial and Ethnic Disparities in Mortality, developed by West Virginia University and the Cardiovascular Health Branch of the US Centers for Disease Control and Prevention, provides data on geographic, racial, and ethnic inequalities in women's heart disease death rates. The Atlas includes more than 200 national and state maps of heart disease mortality and related top-

ics such as population distributions, local economic resources, social isolation among elderly women, and medical care resources are available.

Additional information about the Atlas, including a downloadable version, can be found on the West Virginia University website at <http://oseahr.hsc.wvu.edu> or the CDC website at <http://www.cdc.gov/nccdphp/cvd/womensatlas>. ■

WHO Assesses World's Health Systems

The World Health Organization has conducted its first-ever analysis of the world's health systems, using five performance indicators to measure systems in 191 member states. The findings are published in *The World Health Report 2000—Health Systems: Improving Performance*.

The US spends a higher portion of its gross domestic product on health than any other country but ranks 37 out of 191 countries in performance, according to the WHO analysis.

According to WHO Director-General Gro Harlem Brundtland, MD MPH, "The main message [of the WHO] report is that the health and well-being of people around the world depend critically on the performance of the health systems that serve them. Yet there is wide variation in performance, even among countries with similar levels of income and

health expenditure. It is essential for decision-makers to understand the underlying reasons so that system performance, and hence the health of populations, can be improved."

In releasing the report, Christopher J.L. Murray, MD DPhil, Director of WHO's Global Programme on Evidence for Health Policy, noted, "Although significant progress has been achieved in past decades, virtually all countries are underutilizing the resources that are available to them. This leads to large numbers of preventable deaths and disabilities, unnecessary suffering, injustice, inequality and denial of an individual's basic rights to health."

The report shows that health system failures impact most severely on the world's poor. One key recommendation in the report is for countries to extend health insurance to as large a percentage of the population as possible.

WHO's analysis compares each country's system to an estimated upper limit of what can be done with the level of resources available in that country. It also measures what each country's system has accomplished in comparison with those of other countries. The assessment is based on five indicators: overall level of population health; health inequalities (or disparities); overall level of health system responsiveness (a combination of patient satisfaction and how well the system acts); distribution of responsiveness within the population (how well people of varying economic statuses find that they are served by the health system); and the distribution of the health system's financial burden within the population (who pays the costs).

The full text of the report is available on the Web at www.who.int/whr. ■

Medieval Islamic Medical Manuscripts on the Web

The National Library of Medicine is making its illustrated catalog of medieval Islamic medical texts available to the public on its website. Medieval medicine goes high tech at www.nlm.nih.gov/hmd/arabic/arabichome.html.

The website of the Initiative to Eliminate Racial and Ethnic Disparities in Health ([\[www.hhs.gov\]\(http://www.hhs.gov\)\) describes the efforts of the Department of Health and Human Services to eliminate racial and ethnic health disparities by 2010 in six areas: infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS, and immunizations. The website offers](http://www.raceand</p>
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lists of online resources and information about meetings, grants, and other DHHS activities. ■



Public Health Law at CDC

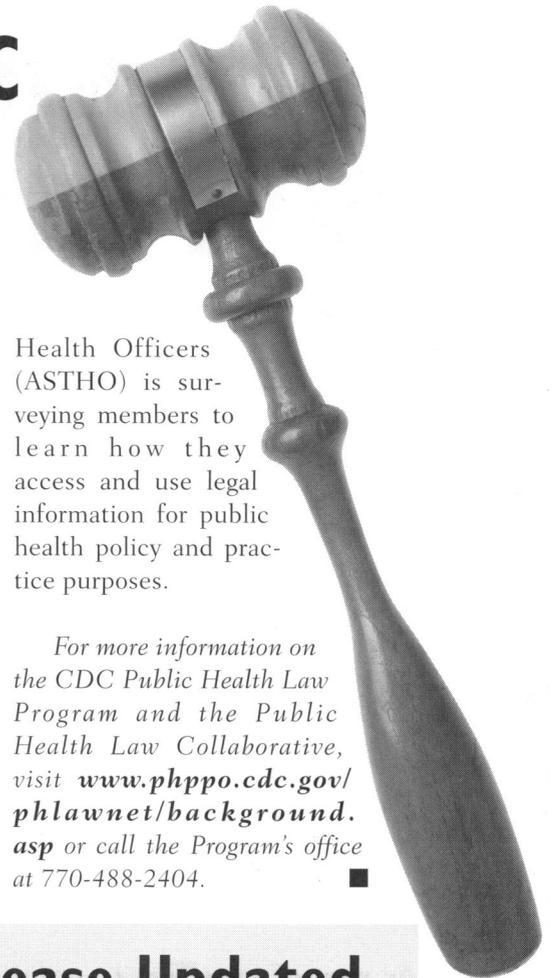
The Centers for Disease Control and Prevention (CDC) have established a new Public Health Law Program, housed in CDC's Public Health Practice Program Office. Grants are being awarded for research on the impact of laws on public health and for the creation of an extramural "collaborating center in public health law."

The CDC uses the term *law* for a broad spectrum of statutes, ordinances, regulations, contracts, and other policy instruments. The initiative addresses the legal foundation for public health practice, focusing on the roles of practitioners, policy makers, and the legal community. According to Anthony Moulton, PhD, director of the new program, the CDC program will focus initially on applied research, training and continuing education, information sharing through publications and electronic media, and capacity building in public health organizations.

Moulton notes that public health practitioners, legal scholars, policy makers, academicians, and the CDC share a concern that current laws may not be adequate to the challenges posed by emerging infectious diseases; managed care; heightened concerns with privacy and confidentiality; overlapping provisions of federal, state, and municipal law; and evolving judicial doctrine. For the CDC, this concern was stimulated in part by a critical review of the bioterrorism-related legal authorities held by state and local health departments.

In September 1999 and March 2000, CDC invited repre-

sentatives of public health practice associations, academic institutions, policy organizations, and the legal community to participate in one-day workshops. Workshop participants were asked to assess the need for a broad public health law initiative and then to develop a strategic plan for meeting that need. A direct outgrowth of the two workshops is formation of the Public Health Law Collaborative, a consortium of organizations and individuals committed to strengthening the legal foundation for public health practice. Represented in the collaborative are the National Association of County and City Health Officers and other organizations of practitioners, the National Conference of State Legislatures, law programs, public health schools, and the CDC. The Association of State and Territorial



Health Officers (ASTHO) is surveying members to learn how they access and use legal information for public health policy and practice purposes.

For more information on the CDC Public Health Law Program and the Public Health Law Collaborative, visit www.phppo.cdc.gov/phlawnet/background.asp or call the Program's office at 770-488-2404. ■

USDA, DHHS Release Updated Dietary Guidelines

The Departments of Agriculture and Health and Human Services have released the fifth edition of *Dietary Guidelines for Americans*. Published every five years, the *Dietary Guidelines* are the for the Food Guide Pyramid and for

federal nutrition policy and programs. The latest update is based on the recommendations of an 11-member Dietary Guidelines Advisory Committee.

The *Dietary Guidelines* and related information can be downloaded from www.usda.gov/cnpp or www.health.gov/dietaryguidelines. Printed copies are available through the Government Printing Office (tel. 202-512-1800) or the Consumer Information Center, Pueblo CO 81009. ■

